


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000028004 1. Corporation Name PAR FOR PATS INC.			
Principal Place of Business 2422 NORTH FEDERAL HIGHWAY, FT LAUDERDALE 33305.		Mailing Address	
2. Principal Place of Business 21 AS ABOVE. State, Apt. #, etc.		2a. Mailing Address 26 AS ABOVE. Suite, Apt. #, etc.	
22 FTLAND FL 33305 City & State		27 FTLAND FL 33305 City & State	
23 FTLAND FL 33305 Zip		28 FTLAND FL 33305 Zip	
24 FTLAND FL 33305 Country		29 FTLAND FL 33305 Country	
25 FTLAND FL 33305 Country		30 FTLAND FL 33305 Country	
9. Name and Address of Current Registered Agent MR ASHOKKUMAR M PATEL, 2530 NE 24th ST. FT LAUDERDALE FL 33305.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE ASHOKKUMAR M PATEL <input type="checkbox"/> DELETE NAME (PRESIDENT) STREET ADDRESS 2530 NE 24th ST CITY-STATE-ZIP FTLAND 33305		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is based on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		500002152915 -04/24/97--01005--002 ***165.00	

SIGNATURE: **A. M. PATEL PRESIDENT.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/97

Date

Day; me Phone #

CP2E034 (9/96)